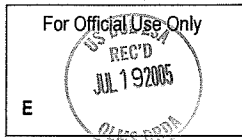# FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only
REC'D
JUL 19 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3630	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name John R Vetterly Jr.	Name Utility Workers Union of America
	Labor Organization File Number 049-398
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 443 N. School Street	Street 901 Pearson Circle #4
City Pittsburgh	City Boardman
State Pennsylvania ZIP Code + 4 15202	State Ohio ZIP Code + 4 44512

5. Position in labor organization.   President

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value **from an employer whose employees your organization represents** or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	NONE
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the infor ation submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed _John Baruccchi_   On 07/06/2005   330-629-6090
                                     Date   Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a
substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business
of an employer whose employees your labor organization represents or is actively seeking to represent, or
(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise
dealing with your labor organization or with a trust in which your labor organization is interested.

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

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10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

11.a. Nature of such dealing.

NONE

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

NONE

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
      (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

14.a. Nature of payment.

NONE

13.b. Is the Business an Employer ☐   **or Consultant** ☐   ?

14.b. Amount of payment.

Form LM-30 (2003)